Health, & Welfare Public Service

S. 300
. 1-56

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11011

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2191

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. State Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5400 Arsenal Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Elizabeth	Middle	Last: Schaefer	4. DATE OF DEATH: Month March, Day 4, Year 1957
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 14, 1874	9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown	10b. KIND OF BUSINESS OR INDUSTRY: unknown	11. BIRTHPLACE (City and state or country): Moberly, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Schaefer			14. MOTHER'S MAIDEN NAME: Marie Ernst	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: none	17. INFORMANT: Thomas Brady, Merchants Exchange Bldg, St. Louis	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of Neck of right Femur;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease;
DUE TO (c) Bronchopneumonia;

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Cause, Time and Manner of same could not be determined

20c. TIME OF INJURY: Hour a. m. p. m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY E 904.9 — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James M Kelly (Degree or title) Deputy Coroner — 22b. ADDRESS: 1300 Clark — 22c. DATE SIGNED: 2-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: March 5 1957 — 23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery — 23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR — ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av — 25. DATE REC'D BY LOCAL REG.: MAR 6 '57 — 26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed.....Clyde H. Leib.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.